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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 9

Application Number	10/743,287
Filing Date	December 23, 2003
First Named Inventor	Jean-Louis Henri Dassoux, et al
Art Unit	1626
Examiner Name	Taofiq A. Solola
Attorney Docket Number	10173-105-999(PC20612B)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address Statement under 37 CFR 3.73(b)
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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Firm Name	Pfizer, Inc.		
Signature	<i>Martha A. Gammill</i>		
Printed name	Martha A. Gammill		
Date	August 8, 2005	Reg. No.	31,820

CERTIFICATE OF TRANSMISSION/MAILING

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Date: August 8, 2005

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